



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Hetherington	J.	George	523-6000
MAILING ADDRESS (Street)			FAX
700 Bishop Street, 15th Floor			523-6001
(City)	(State)	(Zip Code)	
Honolulu,	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Torkildson, Katz, Fonseca, Moore & Hetherington			523-6000
MAILING ADDRESS (Street)			FAX
700 Bishop Street, 15th Floor			523-6001
(City)	(State)	(Zip Code)	
Honolulu,	Hawaii	96813	

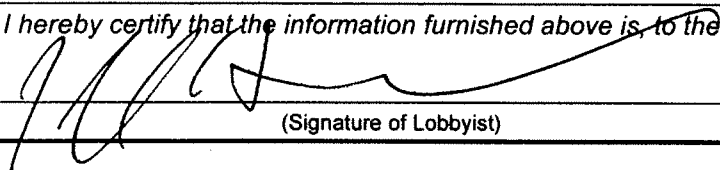
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaiian Memorial Life Plan, Ltd.			522-5200
MAILING ADDRESS (Street)			FAX
C/O Borthwick Mortuary, 1330 Maunakea Street			522-9310
(City)	(State)	(Zip Code)	
Honolulu,	Hawaii	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Jay Morford			522-5200
MAILING ADDRESS (Street)			FAX
C/O Borthwick Mortuary, 1330 Maunakea Street			522-9310
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

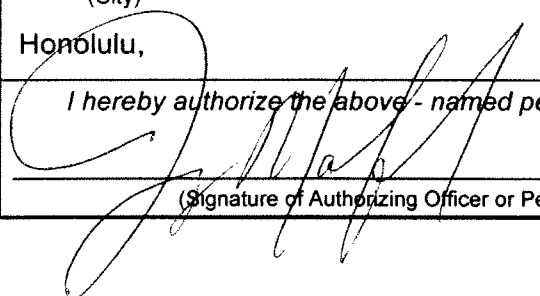
PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

May 1, 2007
(Date)

PART V AUTHORIZATION TO LOBBY

NAME Jay Morford		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED General Manager	
NAME OF ORGANIZATION (if applicable) Hawaiian Memorial Life Plan, Ltd.		TELEPHONE 522-5200	
MAILING ADDRESS (Street) C/O Borthwick Mortuary, 1330 Maunakea Street		FAX 522-9310	
(City) Honolulu,	(State) Hawaii	(Zip Code) 96813	
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>			
 (Signature of Authorizing Officer or Person Represented)		<u>4/30/07</u> (Date)	